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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: ) Docket Number: 1090  
Simpson ) Group Art Unit: 1723  
Serial Number: 10/615,072 ) Examiner: Unknown  
Filed: July 8, 2003 )  
For: Wrap Spring Clutch Syringe And Frit Mixer

CERTIFICATE OF MAILING

The below items are enclosed with this letter for filing in the above-identified patent application:

1. A preliminary amendment of (4) pages
2. Check in the amount of \$36.00 for extra claims

I hereby certify that this correspondence is being deposited with the U.S. Postal Service as First Class Mail addressed to: Mail Stop Patent Application, Commissioner for Patents, P.O. Box 1450, Washington, D.C. 22313-1450.

on: 11/1/04

Donald Ezsler

Dated: 11/1/04

**FEES FOR CLAIMS**

The fee for claims (37 CFR 1.16(b)-(d)) has been calculated below:

| Claims                   | Remaining  | Highest No. | Present | Addit.       | Addit.     |
|--------------------------|------------|-------------|---------|--------------|------------|
| After                    | Previously | Present     | Rate    | Fee          | Rate       |
| Amendment                | Paid For   | Extra       |         |              |            |
| Total                    | 35         | 31          | = 4     | x 09 = \$ 36 | x 18 = \$  |
| Indep.                   | 3          | 3           | = 0     | x 43 = \$ 0  | x 86 = \$  |
| Multiple Dependent Claim |            |             |         | x 140 = \$ 0 | x 280 = \$ |

\* Small Entity Status

\* Total \$ 36  
Addit Fee Addit Fee

No additional fee for claims is required  
☒ Total additional fee for claims required \$ 36.00

**FEE PAYMENT**

☒ Attached is a check in the sum of \$ 36.00  
Charge Account No. \_\_\_\_\_ the sum of \$ \_\_\_\_\_

11/05/2004 SSESHE1 00000012 10615072 36.00 0P 2023:13 10



P R E M L I M I N A R Y      A M E N D M E N T

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Dear Sir:

Please amend the above identified continuation-in-part  
patent application as follows: